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CENTRAL FAX CENTER  
JUN 07 2004****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	:
Sylvie LESMANNE et al.	: Art Unit: 2188
Application No.: 10/075,289	: Examiner: Thang H. HO
Filing Date: February 15, 2002	:
Title: COHERENCE CONTROLLER FOR A MULTIPROCESSOR SYSTEM, MODULE, AND MULTIPROCESSOR SYSTEM WITH A MULTIMODULE ARCHITECTURE INCORPORATING SUCH A CONTROLLER	: : : : : : :

**AMENDMENT AFTER FINAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated April 6, 2004, please amend the above-

identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims beginning on page 2  
of this paper.

**Remarks** begin on page 6 of this paper.

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PTO/89/21 (08-03)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/075,289
	Filing Date	February 15, 2002
	First Named Inventor	Sylvie LESMANNE et al.
	Art Unit	2188
	Examiner Name	Thang H. HO
Total Number of Pages in This Submission	Attorney Docket Number	T2147-907715

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Edward J. Kondracki, Reg. No. 20,604
Signature	<i>Edward J. Kondracki</i>
Date	June 7, 2004

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	April Campbell	Date
Signature	<i>April Campbell</i>	June 7, 2004

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